

**CONSUMER PROTECTION DIVISION**

140 WEST FLAGLER STREET

SUITE 902

MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222



Fax: (305) 375-3512

E-mail: consumer@miamidade.gov**INITIAL APPLICATION FOR WATER REMETERING
PROPERTY OWNER REGISTRATION**

By Authority of Article XVIII of Chapter 8A of the Code of Miami-Dade County

Please type or Print

Initial Application ()

CSD Office Use Only Reg # _____

1. Property Business Name – Enter the exact name used for the property. (If applicable)

2. Owner's Name – Enter individual, partnership or corporate name if different than above.

3. Location of Property – Enter location where property is located.

Address: _____ City: _____ State: _____ Zip: _____

4. Owner's Mailing Address:

Address: _____ City: _____ State: _____ Zip: _____

5. Type of Property (check one):

☐ Apartments ☐ Condominiums ☐ Mobile Home Park ☐ Marina☐ Other multiple unit facility (Describe) _____

6. Property Telephone

Owner's Telephone

Beeper/Cellular

Fax Number

7. Number of Units _____ Size of Meters _____ Type of Meters _____

8. Ownership Type (Check one)

Sole Proprietor ()

Partnership ()

Corporation ()

9. Principals – Enter the name and address of the individual owner or all partners or all corporate officers, directors and registered agent. (Attach additional sheet if necessary)

Name _____ Title _____ Social Security # _____

Residence Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

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Principals (Continued)

Name _____ Title _____ Social Security # _____
Residence Address _____ Telephone # _____
City _____ State _____ Zip Code _____

Name _____ Title _____ Social Security # _____
Residence Address _____ Telephone # _____
City _____ State _____ Telephone # _____

Registered Agent's Name (If Applicable) Telephone # _____

Address _____ City _____ State _____ Zip Code _____

10. Date of Incorporation or Partnership formation or Birth Date of Individual _____

11. Name of Remetering Company (If Applicable) _____

12. Remeterer's Mailing Address

Address _____ City _____ State _____ Zip Code _____

13. Contact Person _____ Telephone # _____

14. Name of Management Company (If Applicable) _____

15. Management's mailing address: _____

16. Contact Person: _____ Telephone #: _____

17. Name of Certified/Registered plumber or plumbing company (If Applicable) _____

18. Plumber's mailing address: _____

19. Contact Person: _____ Telephone #: _____

20. State of Florida Fictitious Name Registration # (If Applicable): _____

21. Dade County Occupational License Number (If Applicable): _____

22. Federal Tax Identification Number: _____

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CHECKLIST (Check appropriate answer)

Have you attached the following to your application?

- | | | |
|--|------------------------------|---------------------------------------|
| A. Copy of sample lease or condominium agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No – Explain |
| B. Copy of bill format? | <input type="checkbox"/> Yes | <input type="checkbox"/> No - Explain |
| C. Copies of Plumbing and Electrical Permits (If Applicable)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No - Explain |
| D. Specifications of Sub-meters and Testing Equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No - Explain |
| E. Schedule of Sub-meter installations (If Applicable)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No - Explain |
| F. Comparison Report of WASD and Resident Billing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No - Explain |
| G. Certificate of Insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No - Explain |
| H. Check made payable to "Miami-Dade Board of County Commissioners | <input type="checkbox"/> Yes | <input type="checkbox"/> No – Explain |
-

The following questions are optional and will be used for statistical purposes ONLY.

24. Race – (Check appropriate answer)

- | | |
|---|---|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other (Describe) _____ |

25. National Origin – (Check appropriate answer)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> U.S.A. | <input type="checkbox"/> Nicaragua |
| <input type="checkbox"/> Cuba | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Other (Describe) _____ |

26. Primary Language Spoken (Check appropriate answer)

- | | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (Describe) _____ |
| <input type="checkbox"/> Creole | |

27. Gender– (Check appropriate answer)

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

28. Current rent of maintenance fee (Complete all that applies)

- | | |
|--------------------|---------------------------------|
| \$ _____ 1 Bedroom | \$ _____ Cost per Sq. Ft. |
| \$ _____ 2 Bedroom | \$ _____ Other (Describe) _____ |
| \$ _____ 3 Bedroom | |
| \$ _____ 4 Bedroom | |

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29. Signature(s) (If individual ownership, owner must sign; if partnership, all general partners must sign; if corporation, a corporate officer must sign.)

I/We, _____, the undersigned _____
(print name) (print title)
of the business known as _____, under penalties of perjury, I/We declare
that I/We, read the foregoing application and that the facts stated in it are true. I/We declare that I/We
will abide by the provisions aforementioned article and the laws of the State of Florida.

Signature

Date

Signature

Date

It is your obligation to notify the Consumer Services Department of any material change pertaining to
the information in this application.

Make checks payable to the "Miami-Dade Board of County Commissioners"
(\$5.00 per unit fee times number of units)

Mail completed application and fee to:

Miami-Dade County
Consumer Services Department
Consumer Protection Division
Water Remetering Section
140 West Flagler Street, Suite 902
Miami, Florida 33130

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Addendum to Initial Application for Water Remetering Property Owner Registration

7) Under type of meters, please be advised that C700, C708, and C710 are ONLY approved submeters for use under the program.

ALL INCOMPLETE WATER REMETERER APPLICATIONS SHALL BE CONSIDERED ABANDONED IF AN APPLICANT FAILS TO COMPLETE THEIR APPLICATION WITHIN SIXTY DAYS FROM THE DATE THAT THE APPLICATION IS FILED WITH THE CONSUMER SERVICES DEPARTMENT (CSD). AN APPLICATION SUBMITTED SUBSEQUENT TO THE ABANDONMENT OF A FORMER APPLICATION SHALL BE TREATED AS A NEW APPLICATION AND ASSOCIATED REGISTRATION FEES.

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